

## Case Blog

### Title: An Asymptomatic Femoroacetabular Impingement: Incidental Finding after Car Crash

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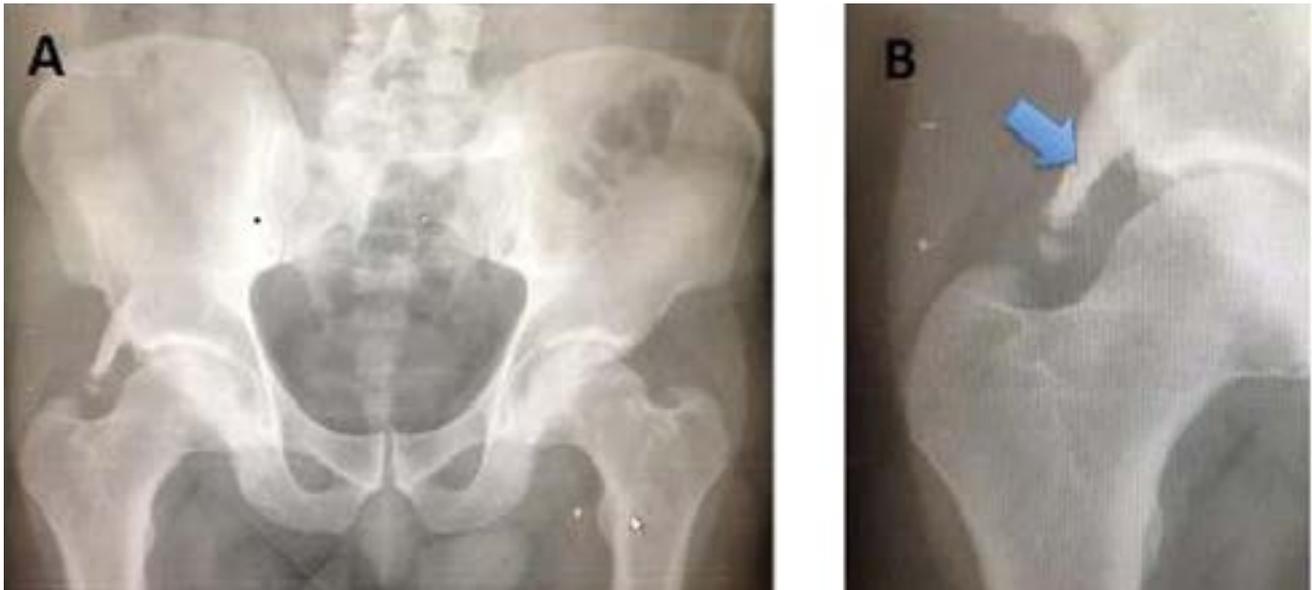


Figure 1: A) Pelvis, hip joint and femur X-rays. B) Blue arrow shows femoro-acetabular lesion.

## Introduction

A 37 year-old male was incidentally diagnosed to have an acetabular osteophyte on X rays performed at the Emergency Room, while a hip injury was ruling out after a car accident. The radiological findings and differential diagnosed are briefly discussed. An informed consent was signed by the patient for publication and academic purposes.

**Keywords:** Acetabular osteophyte; Osteoarthrosis; Hip; Femoro-acetabular impingement

## Clinical Scenario/Question

A previously healthy, 37 year-old male was brought to the emergency room after a car accident, apparently with hip joint injury. The patient referred pain in both hips and mild functional limitation to walk.

What is the possible diagnosis?

1. Hip osteoarthrosis
2. Femoro-acetabular impingement
3. Osteoarthritis
4. Fracture of the hip
5. Hip dysplasia

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Figure 1 shows an acetabular osteophyte. These findings suggest a hip Femoro-acetabular impingement. No similar lesions were present in the contralateral hip. The patient was counseled and reassured about the radiological findings. Pain and non-steroidal anti-inflammatory medications were prescribed for one week and the patient was recommended to rest the affected joint. Furthermore, a follow-up visit with orthopedic surgery specialist in one month was requested.

Femoro-acetabular impingement is an anatomical disturbance of the hip, caused by a deformity of the acetabulum, femur or both, that causes an abnormal contact between both structures during certain movements. Its prevalence is from 10 to 15% and causes chronic inguinal pain [1]. It can be confused with several other causes of inguinal pain such as hernias, facet syndromes, a renal colic, etc. [2].

Patients with this condition are usually young, White, with a normal Body Mass Index (BMI), and more frequently female than male patients [3], with inguinal pain that may appear after a minor trauma. During physical examination, pain may be elicited by internal rotation and abduction movements of hip, flexed in 90°. Plain hip X ray is the most commonly used diagnostic method. Non-steroidal anti-inflammatory drugs and physical therapy can be used to improve pain, but the definitive treatment is surgical (open and arthroscopic surgery) [4]. As seen in Figure 1, there is an acetabular overcoverage causing the labrum to be trapped between the acetabulum and femoral head during extremes hip movements.

#### References

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